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SERIAL NUMBER 10/813,903	FILING or 371(c) DATE 03/31/2004 RULE	CLASS 623	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. 8627/306	
APPLICANTS Darin Schaeffer, Bloomington, IN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/14/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KEVIN THAO TRUONG/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance STATE OR COUNTRY IN	SHEETS DRAWINGS 5	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
ADDRESS BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610 UNITED STATES					
TITLE Stent with reduced profile					
FILING FEE RECEIVED 1438	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		